

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4		I				
5		I				
6		I				
7		I				
8		I				
9		I				
10		I				
11		I				
12		I				
13		I				
14		I				
15		I				
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17		I				
18		I				
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23		I				
24		I				
25		I				
26		I				
27		I				
28		I				
29		I				
30		I				
31		I				
32		I				
33		I				
34		I				
35		I				
36		I				
37		I				
38	I					
39		I				
40	i					
41		(1)				
42	I					
43		(1)				
44	I					
45		I				
46		I				
47		I				
48		I				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	43					
TOTAL CLAIMS	48					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2	/						52					
3	/						53					
4	/						64					
5	/						65					
6	/						66					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25	/						75					
26	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
31	/						81					
32	/						82					
33	/						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38							88					
39	/						89					
40							90					
41	/						91					
42							92					
43							93					
44							94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	44						TOTAL DEP.					
TOTAL CLAIMS	49						TOTAL CLAIMS					